

MILITARY PAY AND ALLOWANCE CLAIMS VOUCHER					D. O. VOUCHER NUMBER			
NAME OF SERVICE MEMBER				SERVICE NUMBER		PAID BY		
VOUCHER PREPARED AT <i>(Paying Office)</i>			NAME AND ADDRESS OF PAYEE					
<i>THIS VOUCHER IS IN SETTLEMENT OF THE CLAIM DESCRIBED BELOW INCIDENT TO THE SERVICE OF THE ABOVE NAMED MEMBER OR FORMER MEMBER</i>								
EXPLANATION AND DESCRIPTION OF CLAIM					AMOUNT			
					DOLLARS	CENTS		
					TOTAL			
COLLECTIONS (FUND OR APPROPRIATION TO BE CREDITED)								
PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT				FICA WAGES		FICA TAX		
				TTPE		FTW		
SIGNATURE OF CERTIFYING OFFICER				TOTAL COLLECTIONS				
				NET AMOUNT DUE PAYEE				
TITLE		DATE						
ACCOUNTING CLASSIFICATION (APPROPRIATION SYMBOL MUST BE SHOWN; OTHER CLASSIFICATION OPTIONAL)								
PAID BY	CHECK NO.	DATED	AMOUNT	CASH \$	SIGNATURE OF PAYEE			